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COLLABORATION BETWEEN THE V.D. AND OTHER SPECIAL DEPARTMENTS

By MR. C. MILLS

DISCUSSION

Dr. P. H. MANSON-BAHR said he agreed that collaboration to the utmost degree was desirable in medicine at the present time. With regard to his own particular specialty, if he were to specialise on tropical medicine alone he did not know that he would be able to practise medicine successfully.

He had recently seen a case of stricture of the rectum in a patient who came from Hong Kong, who had it for seventeen years and had been operated on three times by different London surgeons. The patient was passing pus and mucus in the stools: he had a stricture in the rectum which could be felt at two and a half inches: it was fibrous, not ulcerated, and was accompanied by a fistula on each side of the rectum. It obviously could not be malignant, for the patient was in perfect health in other respects. At the time the stricture commenced he had climatic bubos in both groins and, further, the stricture commenced shortly after or almost simultaneously with the bursting of the bubos. Up to this time he had been very sceptical about the question of stricture of the rectum occurring in association with lymphogranuloma inguinale. For twenty-five years he had been considering the subject of climatic bubo and did not regard this lymphogranuloma as a cause of stricture of the rectum. In view of the widespread nature of this ultra-microscopic virus, it was possible that cases which used to be called syphilitic stricture of the rectum were really cases of lymphogranuloma inguinale. That might give one viewpoint as to the collaboration between the department of venereal disease and the department of tropical medicine.

Dr. DOUGLAS CAMPBELL expressed his appreciation of Mr. Mills's paper. He had begun to see the error of his ways as a house physician. At his hospital there had

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been evolved in the last few years a dossier rather similar to the American one referred to by Dr. Manson-Bahr, and he used to belittle his chief, for when he was house physician his chief would never look at a new patient, unless there was anything very much in the nature of an emergency, for the first four or five days, by which time the patient's dossier had been completely filled up. If a patient had any vague stomach symptoms he had to do a complete chemical analysis and if necessary he called in the X-ray assistants. A blood Wassermann was always taken, which threw light on many vague symptoms. The summing up was really that of a number of specialists, and he thought that, by virtue of that collaboration, there was not very much missed.

The remarks which had been made by Mr. Mills regarding the members of the profession who dealt particularly with diseases of the eye were borne out in venereal disease practice, because the ophthalmologists called upon members of the venereal disease department more than any other branch of medicine, and he found that they were only too pleased to have the advice of that department. They admitted freely that the members of the V.D. department could successfully treat cases which they themselves had failed to improve, and they in turn were only too pleased to reciprocate that help when the venereal disease department required their advice on obscure and difficult eye cases. Again, in his department he had managed to establish a very close collaboration with maternity and child welfare. He hoped that the incidence of congenital syphilis, which was extremely high in south England, would be cut down, and the advantage of that collaboration thereby be proved. Very many general physicians and surgeons, however, were loth to go beyond their immediate field and give consideration to other branches of the profession which they followed.

Dr. FACEY said he was very interested in Mr. Mills's remarks on the subject of the difficulty of arranging where patients should come for treatment in V.D. cases, whether it should be an *ad hoc* institution or a general hospital. At Bournemouth he had had some difficulties in that connection. The V.D. patients were seen in the out-patients' department of a general hospital, and he had received a letter from the lady superintendent of a rescue

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home saying that if she followed her usual practice of sending the girls to him for investigation they were apt to become marked women in the town, because there was a male clinic held immediately after the female one, and if any of the men happened to arrive early and saw the girls sitting in the out-patients department they were apt to tell their friends about it afterwards. He thought that if screens were put round and a sort of compound made of that part of the out-patients' department it might solve the difficulty, but in the end a compromise was arrived at. The chief difficulty arose from the visitors to in-patients, and from the men who came early glancing across the waiting-hall. So the compromise took the form of putting a row of screens just to shut off direct vision from the visitors, but without making a compound.

A dental department was an important department with which to co-operate. In the case of treating patients with bismuth one naturally had to see to the teeth as the most important matter, but he thought it was also very important in cases of gonorrhœa; if the patients had extremely foul mouths it was certainly very necessary to get a clearance. A high proportion of cases which developed arthritis had got septic teeth, and he thought this was one of the contributing factors in such cases.

Mr. S. HARDY KINGSTON said that the position in Bristol was a little fortunate, as there was an *ad hoc* V.D. clinic within 200 yards of the Royal Infirmary, also it was staffed by honorary members in the other special departments of the hospital, thereby facilitating close co-operation. He would like to see every V.D. clinic with a bacteriologist of its own working in the clinic who had been trained in special V.D. laboratory methods, so that he could consult with the clinician to the mutual advantage of patients and doctors. The reading and interpretation of the C.D.T. Test for Gonorrhœa alone was a good illustration of this essential procedure. The majority of his patients were treated by the dental department, as it was found that many gonorrhœa patients had septic oral foci which were not evident until they had been investigated by dentist and radiologist. It was easy to detect the obvious septic mouths, but in a good percentage of patients the mouth looked clean, and yet apical abscesses were discovered. The treatment of the latter usually coincided with subsidence of the gonorrhœa.

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Dr. PRICE said that all who had spoken had stressed the need for co-operation, but he wondered if others in the meeting had met with any degree of opposition from the nursing staff of a general hospital. The power in some directions of the nursing staff of a voluntary hospital was not unlimited, but it was nearly so. One of the problems that sometimes arose was that when a patient in a female ward was found to be suffering from gonorrhœa she was sent down to the V.D. department, and was not allowed to return to the ward. Thus, no matter what treatment was required, she was sent elsewhere and the V.D. department lost sight of her. Unless the opposition on the part of the nursing staff could be overcome, it was difficult to get any real co-operation with other departments. If Mr. Mills could say how that difficulty was to be overcome it would be of some help.

Dr. CLEMENTS said one point he wished to mention was the divergence of results that were obtained from different laboratories throughout the country. A case that led to considerable domestic upheaval had been sent to his department by a maternity hospital, with the information that the woman had had a miscarriage previously and was now five months pregnant. She had been sent to another large London hospital, where her blood had been examined, and the Wassermann was reported to be strongly positive. Her husband was an ex-Naval man. The speaker took a blood test, which he did as a routine, and he started her on treatment. On the visit a week hence he found that the blood which had been tested was completely negative. He sent to the Men's department for the husband's card, and again the blood was negative. The people were very angry at having been told they had got syphilis. A further test of the blood also proved negative. He sent the woman back to the maternity hospital with the statement that he could find no evidence of syphilis. But those at the maternity hospital were not satisfied, and so sent her back to the hospital she had first attended, where it was again found that her Wassermann was positive. His, the speaker's, department decided that they would not treat her without something better than that to go upon. The woman disappeared, and then her husband came to tell the speaker that she had again had a six-months miscarriage. He wrote asking the maternity hospital what

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was the result of the examination of the foetus, and recently he received a reply to the effect that the specimens and the foetal tissue had been sent to his hospital—not to his department—and to another hospital, and that the findings as to congenital syphilis were completely negative. In such a case he thought the two men in the laboratories ought to have got together and thrashed the matter out, to discover what was wrong with the tests.

The CHAIRMAN said he thought all the members would agree that collaboration was essential, and he considered it would increase. The root of the matter was, first, the stigma that was attached to the V.D. specialty, and, secondly, the jealousy with which any new special department was regarded in a general hospital. He thought every new special department had to fight for its “place in the sun.”

He recalled the case of a patient who came to him eventually with a pretty bad syphilitic myocarditis and who had had practically every sort of blood examination, blood cultures, etc., and had remained in a hospital ward under a distinguished physician for quite a long time. The one thing that had been omitted was the Wassermann test. That patient had come to him because a friend of his had had somewhat similar symptoms and had received anti-syphilitic treatment with great benefit. Unfortunately, by the time the speaker saw the patient the damage was considerable.

Everyone would agree as to the necessity of close collaboration with the laboratory, and when he first took over the V.D. clinic at St. Thomas's Hospital he insisted on ample laboratory assistance. There was, of course, full opportunity for consultation between the clinician and the pathologist, which was in fact essential. He agreed also with Dr. Hanschell's remark on the value of laboratory training to the V.D. specialist. When he had the training of R.A.M.C. specialists in V.D. he insisted that they should learn all the laboratory work. That gave them sympathy with the laboratory man in his work, and made them realise what was at the back of his report.

He agreed with Dr. Manson-Bahr on the value of a general training in medicine before the taking up of any specialty. A good general practitioner knew pretty well

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which department a patient belonged to, and that was a very great help ; he knew where the trouble was, and then called in the specialist, who focussed on that trouble ; the general man could usually weigh up the evidence much better than the specialist could. A man should not become a specialist until he had had a thorough training in medicine and surgery.

Mr. Mills had asked that the question of the segregation of patients should be discussed. The Royal Commission did not recommend that V.D. patients should be segregated, yet the attempt not to segregate them was defeated by the general prejudice that existed. Most people seemed to have the same idea that Moses had been a patient suffering from gonorrhœa. In Leviticus xv. it was ordered that everything he sat upon and everything he touched was to be regarded as unclean. With regard to special lavatories, some hospitals had special lavatories for syphilis patients, and another for gonorrhœa patients ; he did not know what was done for patients who suffered from both diseases. In teaching he had constantly tried to get it into the heads of his listeners that it was not necessary to close all the doors and windows of the room where a V.D. patient had been and fumigate it, as if there had been in the room a case of scarlet fever or small-pox.

Mr. Mills had rather emphasised the disadvantages of the *ad hoc* clinic, the clinic which was separate. Certainly a clinic run by a municipal authority and divorced from a hospital was at a disadvantage ; it was always better—other things being equal—that a V.D. department should be in a hospital, not so much for the purpose of camouflage—because the special hours for V.D. patients largely prevented that camouflage—but to obtain collaboration. Sometimes, however, one had to choose between two evils. The number of *ad hoc* clinics which had grown up in this country was to a great extent the result of the prejudice against V.D. that existed in many hospitals, giving rise to the idea that anything was good enough for V.D. patients, that any sort of premises, and sometimes any sort of medical officer, were good enough for them. He could say, quite definitely, that wherever that had obtained in a hospital and an *ad hoc* clinic had been established, the work had increased in quality and amount beyond all calculation.